**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. House Majority PAC 700 13th Street, NW ADDRESS (number and street) Suite 600 (Check if address is changed) Washington 20005 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS PLGroup@perkinscoie.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2016 C00495028 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Lapp, Alixandria, , , Type or Print Name of Treasurer Lapp, Alixandria,,, [Electronically Filed] 10 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

F	EC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE					
	aidate	te Committee:					
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name Cand							
Cand Party	lidate Affiliatio	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District				
Name Cand							
Part	y Com	nmittee:					
(d)			Democratic, epublican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or						
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.	•				
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg	regated fund or party				
(1)	×	committee. (i.e., nonconnected committee)	regated fund of party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

Write or Type Committee Name  House Majority PAC  6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC :  Unity Convention 2016    Value 600	ponsor
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC 3  Unity Convention 2016  Mailing Address  Suite 600  Washington  CITY  STATE  ZIP COD  Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership F  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records.  Lapp, Alixandria, , ,  Full Name  Mailing Address  Vashington  DC  20005  Lapp, Alixandria, , ,  Full Name  Too 13th Street, NW  Mailing Address  Title or Position  CITY  STATE  ZIP COD  Treasurer  Telephone number	ponsor
Unity Convention 2016    Tool 13th Street, NW	ponsor
Mailing Address    Total content of the person in possession of the person in possessi	
Suite 600  Washington  CITY  STATE  ZIP COD  Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership F  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records.  Lapp, Alixandria, , ,  Full Name  700 13th Street, NW  Mailing Address  Suite 600  Washington  CITY  STATE  ZIP COD  Treasurer  Telephone number  Telephone number  Telephone number  Telephone number  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and a any designated agent (e.g., assistant treasurer).	
Suite 600    CITY   STATE   ZIP COD	
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership F  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of books and records.  Lapp, Alixandria, , ,  Full Name 700 13th Street, NW  Mailing Address Suite 600  Washington DC 20005  Title or Position CITY STATE ZIP COD  Treasurer  Telephone number optional) of the treasurer of the committee; and the name and a any designated agent (e.g., assistant treasurer).	
Lapp, Alixandria, , ,  Full Name  Mailing Address  Suite 600  Washington  Title or Position  CITY  STATE  ZIP COD  Treasurer  Telephone number  Telephone number  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and a any designated agent (e.g., assistant treasurer).	
Full Name    Too 13th Street, NW	committee
Mailing Address  Suite 600  Washington  CITY  STATE  ZIP COD  Treasurer  Telephone number  Telephone number  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and a any designated agent (e.g., assistant treasurer).	
Washington  CITY  STATE  ZIP COD  Treasurer  Telephone number  Telephone number  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and a any designated agent (e.g., assistant treasurer).	
Title or Position  CITY  STATE  ZIP COD  Treasurer  Telephone number  Telephone number  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and a any designated agent (e.g., assistant treasurer).	
Treasurer  Telephone number  Telephone number optional) of the treasurer of the committee; and the name and a any designated agent (e.g., assistant treasurer).	
Telephone number Telephone number Telephone number	Ē
any designated agent (e.g., assistant treasurer).	
Full Name Lapp, Alixandria, , , of Treasurer Lapp Alixandria, , ,	Idress of
Mailing Address   700 13th Street, NW	Idress of
Suite 600	Idress of
Washington DC 20005 -	ldress of
CITY   STATE   ZIP CODE	

FEC <b>Form 1</b> (Revise	ed 02/2009)		Page <b>4</b>			
Full Name of Designated Agent						
Mailing Address						
	CITY	STATE	ZIP CODE			
Title or Position	Telephone	number				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  Amalgamated Bank						
Mailing Address	1825 K Street, NW					
•						
	Washington	DC 20006				
	CITY	STATE	ZIP CODE			
Name of Bank, Depository,	etc.					
<sub> </sub> Citiba	nk, F.S.B		1			
Mailing Address	1400 G Street, NW					
	Washington	DC 20005				
	CITY	STATE	ZIP CODE			

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. ı İnfinex İnveştments İnc. 538 Preston Avenue Mailing Address 06450 Meriden CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number